



Tennessee Department of Environment and Conservation
Division of Water Pollution Control
401 Church Street, 6th Floor L & C Annex
Nashville, TN 37243-1534
Phone: (615) 532-0625

PERMIT CONTACT INFORMATION

Please complete all sections. If one person serves multiple functions, please repeat this information in each section.

PERMIT NUMBER: TN0080845

DATE: 8/14/2013

PERMITTED FACILITY: Hemlock Semiconductor LLC

COUNTY: Montgomery

OFFICIAL PERMIT CONTACT:

(The permit signatory authority, e.g. responsible corporate officer, principle executive officer or ranking elected official)

Official Contact: Pat Finney	Title or Position: Site Leader		
Mailing Address: 1000 Solar Way	City: Clarksville	State: TN	Zip: 37040
Phone number(s): 931.614.1650	E-mail: p.finney@hscpoly.com		

PERMIT BILLING ADDRESS (where invoices should be sent):

Billing Contact: Jason Mennino	Title or Position: Environmental Specialist		
Mailing Address: 1000 Solar Way	City: Clarksville	State: TN	Zip: 37040
Phone number(s): 931.614.1991	E-mail: jason.mennino@hscpoly.com		

FACILITY LOCATION (actual location of permit site and local contact for site activity):

Facility Location Contact: Jason Mennino	Title or Position: Environmental Specialist		
Facility Location (physical street address): 1000 Solar Way	City: Clarksville	State: TN	Zip: 37040
Phone number(s): 931.614.1991	E-mail: jason.mennino@hscpoly.com		

Alternate Contact (if desired): Mike Muaser	Title or Position: EHSS Manager		
Mailing Address: 1000 Solar Way	City: Clarksville	State: TN	Zip: 37040
Phone number(s): 931.614.2200	E-mail: m.j.muaser@dowcorning.com		

FACILITY REPORTING (Discharge Monitoring Report (DMR) or other reporting):

Cognizant Official authorized for permit reporting: Jason Mennino	Title or Position: Environmental Specialist		
Mailing Address: 1000 Solar Way	City: Clarksville	State: TN	Zip: 37040
Phone number(s): 931.614.1991	E-mail: jason.mennino@hscpoly.com		
Fax number for reporting: 931.614.2171	Does the facility have interest in starting electronic DMR reporting? <input checked="" type="radio"/> Yes <input type="radio"/> No		

FORM 1 GENERAL		U.S. ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION Consolidated Permits Program (Read the "General Instructions" before starting.)		I. EPA I.D. NUMBER	
LABEL ITEMS		PLEASE PLACE LABEL IN THIS SPACE		GENERAL INSTRUCTIONS If a preprinted label has been provided, affix it in the designated space. Review the information carefully. If any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.	
I. EPA I.D. NUMBER		III. FACILITY NAME		V. FACILITY MAILING ADDRESS	
VI. FACILITY LOCATION		II. POLLUTANT CHARACTERISTICS			
INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms .					
SPECIFIC QUESTIONS		Mark "X"		SPECIFIC QUESTIONS	
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S. ? (FORM 2A)		YES	NO	FORM ATTACHED	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		YES	NO	FORM ATTACHED	
E. Does or will this facility treat, store, or dispose of hazardous wastes ? (FORM 3)		YES	NO	FORM ATTACHED	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		YES	NO	FORM ATTACHED	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		YES	NO	FORM ATTACHED	
B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S. ? (FORM 2B)		YES	NO	FORM ATTACHED	
D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S. ? (FORM 2D)		YES	NO	FORM ATTACHED	
F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		YES	NO	FORM ATTACHED	
H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		YES	NO	FORM ATTACHED	
J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		YES	NO	FORM ATTACHED	
III. NAME OF FACILITY					
1 SKIP HEMLOCK SEMICONDUCTOR LLC.					
IV. FACILITY CONTACT					
A. NAME & TITLE (last, first, & title)					
2 JASON M. MENNINO, HSL ENVIROMENTAL SPECIALIST					
B. PHONE (area code & no.)					
(931) 614-1991					
V. FACILITY MAILING ADDRESS					
A. STREET OR P.O. BOX					
3					
B. CITY OR TOWN					
4 CLARKSVILLE					
C. STATE					
TN					
D. ZIP CODE					
37040					
VI. FACILITY LOCATION					
A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER					
5 1000 SOLAR WAY					
B. COUNTY NAME					
MONTGOMERY					
C. CITY OR TOWN					
6 CLARKSVILLE					
D. STATE					
TN					
E. ZIP CODE					
37040					
F. COUNTY CODE (if known)					

VII. SIC CODES (4-digit, in order of priority)

VIII. OPERATOR INFORMATION

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other," specify.)[illegible]

X. EXISTING ENVIRONMENTAL PERMITS

B. UIC (Underground Injection of Fluids)										E. OTHER (specify)									
C	T	I								C	T	I							
9	U		MTG0000287							9									
15	16	17	18	19	20	21	22	23	15	16	17	18	19	20	21	22	23		

C. RCRA (Hazardous Wastes)														E. OTHER (specify)															
C	T	I												C	T	I												(specify)	
9	R		TNR000030437											9															
15	16	17	18											30	15	16	17	18											30

XI. MAP


Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers, and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

THIS IS AN INDUSTRIAL FACILITY THAT PRODUCES/MANUFACTURES POLYCRYSTALLINE SILICON FROM RAW MATERIALS. POLYCRYSTALLINE SILICON IS USED WORLD WIDE IN SOLAR ENERGY AND ELECTRONICS INDUSTRIES.

XIII. CERTIFICATION (see *instructions*)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (<i>type or print</i>) JASON M. MENNINO, HSL ENVIRONMENTAL SPECIALIST	B. SIGNATURE 	C. DATE SIGNED 8/14/13
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COMMENTS FOR OFFICIAL USE ONLY	
C	
C	
15	16

Continued from the Front

IV. Narrative Description of Pollutant Sources

A. For each outfall, provide an estimate of the area (include units) of impervious surfaces (including paved areas and building roofs) drained to the outfall, and an estimate of the total surface area drained by the outfall.

Outfall Number	Area of Impervious Surface (provide units)	Total Area Drained (provide units)	Outfall Number	Area of Impervious Surface (provide units)	Total Area Drained (provide units)
SW 001	0 AC	49.38 AC	SW 006	0 AC	7.67 AC
SW 002	0 AC	61.42 AC	SW 007	0 AC	44.24 AC
SW 003	0 AC	36.75 AC	SW 009	0 AC	58.46 AC
SW 004	0 AC	19.62 AC	SW 010	0 AC	19.11 AC
SW 005	0 AC	22.72 AC	S4G SW1	273 AC	420.0 AC

B. Provide a narrative description of significant materials that are currently or in the past three years have been treated, stored or disposed in a manner to allow exposure to storm water; method of treatment, storage, or disposal; past and present materials management practices employed to minimize contact by these materials with storm water runoff; materials loading and access areas, and the location, manner, and frequency in which pesticides, herbicides, soil conditioners, and fertilizers are applied.

THE SITE HAS BEEN UNDER CONSTRUCTION FOR THE PAST 5 YEARS. THIS IS A RENEWAL OF THE CURRENT STORMWATER CONSTRUCTION PERMIT.

C. For each outfall, provide the location and a description of existing structural and nonstructural control measures to reduce pollutants in storm water runoff; and a description of the treatment the storm water receives, including the schedule and type of maintenance for control and treatment measures and the ultimate disposal of any solid or fluid wastes other than by discharge.

Outfall Number	Treatment	List Codes from Table 2F-1
SW 001- SW 007, SW 009, SW 010, S4G SW 001	STORM WATER ENTERS SEDIMENT BASINS DESIGNED FOR 140YR STORM VIA GRASSED/RIPRAP CHANNELS. THE FINAL STORM BASIN INCLUDES A FOREBAY AND VEGATATIVE SHELF AROUND THE PERIMETER OF THE BASIN. WATER DISCHARGES AT A CONTROLLED RATE OVER A PERIOD OF 3 DAYS. ALL BASINS HAVE CONCRETE EMERGENCY SPILLWAYS AND OUTLET PROTECTION. INSPECTIONS AND MAINTAINANCE WILL BE PERFORMED BEFORE AND AFTER STORM EVENT, QUARTERLY, AND YEARLY. BASINS #1-#10 HAVE BEEN ABANDONED (BUT MAY BE REUSED) AND ALL FLOW IS DIVERTED TO THE PERMANENT STORM BASIN, FINAL OUTFALL #1. DISPOSAL OF ACCUMULATED SEDIMENT WILL BE LAND APPLICATION ON APPLICANTS PROPERTY.	1-F, 1-U, 3-G, 4-A, 5-P

V. Nonstormwater Discharges

A. I certify under penalty of law that the outfall(s) covered by this application have been tested or evaluated for the presence of nonstormwater discharges, and that all nonstormwater discharged from these outfall(s) are identified in either an accompanying Form 2C or From 2E application for the outfall.

Name and Official Title (type or print)	Signature	Date Signed
N/A	N/A	

B. Provide a description of the method used, the date of any testing, and the onsite drainage points that were directly observed during a test.

N/A

VI. Significant Leaks or Spills

Provide existing information regarding the history of significant leaks or spills of toxic or hazardous pollutants at the facility in the last three years, including the approximate date and location of the spill or leak, and the type and amount of material released.

N/A

VII. Discharge Information

A, B, C, & D: See instructions before proceeding. Complete one set of tables for each outfall. Annotate the outfall number in the space provided.
Table VII-A, VII-B, VII-C are included on separate sheets numbers VII-1 and VII-2.

E. Potential discharges not covered by analysis -- is any toxic pollutant listed in table 2F-2, 2F-3, or 2F-4, a substance or a component of a substance which you currently use or manufacture as an intermediate or final product or byproduct?

☐ Yes (list all such pollutants below)

☒ No (go to Section IX)

N/A

VIII. Biological Toxicity Testing Data

Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last 3 years?

☐ Yes (list all such pollutants below)

☒ No (go to Section IX)

N/A

IX. Contract Analysis Information

Were any of the analyses reported in Item VII performed by a contract laboratory or consulting firm?


☐ Yes (list the name, address, and telephone number of, and pollutants analyzed by, each such laboratory or firm below)

☒ No (go to Section X)

A. Name	B. Address	C. Area Code & Phone No.	D. Pollutants Analyzed
N/A	N/A	N/A	N/A

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

A. Name & Official Title (Type Or Print) JASON M. MENNINO HSL ENVIRONMENTAL SPECIALIST	B. Area Code and Phone No. (931) 614-1991
C. Signature 	D. Date Signed 8/14/13

Part A – You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

Part B – List each pollutant that is limited in an effluent guideline which the facility is subject to or any pollutant listed in the facility's NPDES permit for its process wastewater (if the facility is operating under an existing NPDES permit). Complete one table for each outfall. See the instructions for additional details and requirements.

Continue on Reverse

Continued from the Front

Part C - List each pollutant shown in Table 2F-2, 2F-3, and 2F-4 that you know or have reason to believe is present. See the instructions for additional details and requirements. Complete one table for each outfall.

[illegible]

Part D – Provide data for the storm event(s) which resulted in the maximum values for the flow weighted composite sample.

1. Date of Storm Event	2. Duration of Storm Event (in minutes)	3. Total rainfall during storm event (in inches)	4. Number of hours between beginning of storm measured and end of previous measurable rain event	5. Maximum flow rate during rain event (gallons/minute or specify units)	6. Total flow from rain event (gallons or specify units)
N/A					

7. Provide a description of the method of flow measurement or estimate.

N/A

Please print or type in the unshaded areas only.

[illegible]

Continued from the Front

IV. Narrative Description of Pollutant Sources

A. For each outfall, provide an estimate of the area (include units) of impervious surfaces (including paved areas and building roofs) drained to the outfall, and an estimate of the total surface area drained by the outfall.

Outfall Number	Area of Impervious Surface (provide units)	Total Area Drained (provide units)	Outfall Number	Area of Impervious Surface (provide units)	Total Area Drained (provide units)
SW11	0 AC	17.570 AC			
SW12	82.663 AC	120.01 AC			
SW13	155.546 AC	165.86 AC			
SW14	82.760 AC	133.90 AC			

B. Provide a narrative description of significant materials that are currently or in the past three years have been treated, stored or disposed in a manner to allow exposure to storm water; method of treatment, storage, or disposal; past and present materials management practices employed to minimize contact by these materials with storm water runoff; materials loading and access areas, and the location, manner, and frequency in which pesticides, herbicides, soil conditioners, and fertilizers are applied.

THE SITE HAS BEEN UNDER CONSTRUCTION FOR THE PAST 5 YEARS. THIS IS A RENEWAL OF THE CURRENT STORMWATER CONSTRUCTION PERMIT.

C. For each outfall, provide the location and a description of existing structural and nonstructural control measures to reduce pollutants in storm water runoff; and a description of the treatment the storm water receives, including the schedule and type of maintenance for control and treatment measures and the ultimate disposal of any solid or fluid wastes other than by discharge.

Outfall Number	Treatment	List Codes from Table 2F-1
SW11, SW12, SW13, SW14.	STORM WATER ENTERS SEDIMENT BASINS DESIGNED FOR 140YR STORM VIA GRASSED/RIPRAP CHANNELS. THE FINAL STORM BASIN INCLUDES A FOREBAY AND VEGATATIVE SHELF AROUND THE PERIMETER OF THE BASIN. TEMP SED BASINS HAVE BAFFLES. WATER DISCHARGES AT A CONTROLLED RATE OVER A PERIOD OF 2 DAYS. ALL BASINS HAVE CONCRETE EMERGENCY SPILLWAYS AND OUTLET PROTECTION. INSPECTIONS AND MAINTAINCE WILL BE PERFORMED BEFORE AND AFTER STORM EVENT, QUARTERLY, AND YEARLY. BASIN SW11 WILL BE ABANDONED WHEN ALL FLOW IS DIVERTED TO THE PERMANENT STORM BASIN SW12. DISPOSAL OF ACCUMULATED SEDIMENT WILL BE LAND APPLICATION ON APPLICANTS PROPERTY.	1-F, 1-U, 3-G, 4-A, 5-P

V. Nonstormwater Discharges

A. I certify under penalty of law that the outfall(s) covered by this application have been tested or evaluated for the presence of nonstormwater discharges, and that all nonstormwater discharged from these outfall(s) are identified in either an accompanying Form 2C or From 2E application for the outfall.

Name and Official Title (type or print)	Signature	Date Signed
N/A	N/A	

B. Provide a description of the method used, the date of any testing, and the onsite drainage points that were directly observed during a test.

N/A

VI. Significant Leaks or Spills

Provide existing information regarding the history of significant leaks or spills of toxic or hazardous pollutants at the facility in the last three years, including the approximate date and location of the spill or leak, and the type and amount of material released.

N/A

Continued from Page 2

EPA ID Number (copy from Item 1 of Form 1)

VII. Discharge Information

A, B, C, & D: See instructions before proceeding. Complete one set of tables for each outfall. Annotate the outfall number in the space provided.
Table VII-A, VII-B, VII-C are included on separate sheets numbers VII-1 and VII-2.

E. Potential discharges not covered by analysis -- is any toxic pollutant listed in table 2F-2, 2F-3, or 2F-4, a substance or a component of a substance which you currently use or manufacture as an intermediate or final product or byproduct?

☐ Yes (list all such pollutants below)☒ No (go to Section IX)

N/A

VIII. Biological Toxicity Testing Data

Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last 3 years?

☐ Yes (list all such pollutants below)☒ No (go to Section IX)

N/A

IX. Contract Analysis Information

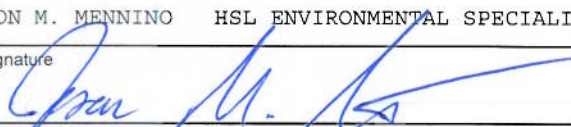
Were any of the analyses reported in Item VII performed by a contract laboratory or consulting firm?

☐ Yes (list the name, address, and telephone number of, and pollutants analyzed by, each such laboratory or firm below)☒ No (go to Section X)

A. Name	B. Address	C. Area Code & Phone No.	D. Pollutants Analyzed
N/A	N/A	N/A	

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

A. Name & Official Title (Type Or Print) JASON M. MENNINO HSL ENVIRONMENTAL SPECIALIST	B. Area Code and Phone No. (931) 614-1991
C. Signature 	D. Date Signed 8/14/13

Part A – You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

Part B – List each pollutant that is limited in an effluent guideline which the facility is subject to or any pollutant listed in the facility's NPDES permit for its process wastewater (if the facility is operating under an existing NPDES permit). Complete one table for each outfall. See the instructions for additional details and requirements.

Continue on Reverse

Continued from the Front

Part C - List each pollutant shown in Table 2F-2, 2F-3, and 2F-4 that you know or have reason to believe is present. See the instructions for additional details and requirements. Complete one table for each outfall.

[illegible]

Part D – Provide data for the storm event(s) which resulted in the maximum values for the flow weighted composite sample.

1. Date of Storm Event	2. Duration of Storm Event (in minutes)	3. Total rainfall during storm event (in inches)	4. Number of hours between beginning of storm measured and end of previous measurable rain event	5. Maximum flow rate during rain event (gallons/minute or specify units)	6. Total flow from rain event (gallons or specify units)
N/A					

7. Provide a description of the method of flow measurement or estimate.

N/A
